## **ELECTRICAL PERMIT APPLICATION**

STANLY COUNTY CENTRAL PERMITTING **INSPECTIONS DEPARTMENT** 1000 NORTH FIRST STREET, SUITE 13C ALBEMARLE, NC 28001

FAX# 704 986 3783 PHONE# 704 986 3667

## PERMIT IS NOT VALID UNTIL ALL FEES ARE COVERED AND THIS APPLICATION IS DETERMINED TO BE IN ACCORDANCE WITH GS 153A-357 AND 160A-417

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DATE	PROPERTY OWNER			ER		
JOB LOCATION, DIRECTIONS & BLDG PERMIT # IF APPLICABLE						
CHECK APPLICABLE POWER COMPANY AND EXPLAIN TYPE OF USE FOR THIS SERVICE						
CITY ALB		PEE DEE			COMMERCIAL	
UNION		DUKE			INDUSTRIAL	
PROGRESS					RESIDENTIAL	
CHECK TYPE WORK/GIVE AMPS & VOLTS/EXPLAIN ANY PERTINENT INFO BELOW						
TYPE ELEC WORK		AMPS	VOLTS			NOTES/ADDITIONAL INFORMATION
NEW SERV						
CHG OF SERV						
SAW SERV						
CON TRAILER						
# SUB-PANELS						
OTHER/MISC						
REPAIR		MISC TYPE				
RECONNECT		PER POWER CO				
MECH WIRING		ALL SYSTEMS				
GENERATOR		<u>ADDING</u>				
(COMMERCIAL WITH NO SERV WORK) I IPLEASE GIVE TOTAL NUMBER ELECTRICAL OUT						TAL NUMBER ELECTRICAL OUTLETS
ELECTRICIAN NAME						
COMPANY NAME						
ADDRESS						
STATE LIC# FAX		FAX#		PHONE#		
I hereby agree to act under permit applied for in full accordance with all state laws and codes and ordinances of Stanly County, NC and I agree that no work will be done contrary to the same, else the permit issued hereunder to be void. GS 153A-357 AND 160A-417						
APPLICANT REQUIRED TO MAIL, FAX, OR HAND DELIVER THIS APPLICATION TO INSPECTION DEPT. BEFORE BEGINNING WORK - FEES MUST BE PAID OR BOND CHARGED TO VALIDATE THIS PERMIT						
Signature (Electrician)						